

the hospital at Pavia. After excision of the necrosed portion the wound was cleansed with a 2% sublimate solution, dusted over with iodoform and chloral hydrate given internally. The patient died twelve hours later. In the other case, the patient had run a splinter into her foot between the great and second toe while following a path barefooted over a field. Six days later tetanus made its appearance, the splinter was removed, and treated the same as the preceding case; death after four days, ten days after the injury.

In the first case Sormani inoculated two rats and one rabbit with the tissue which was removed from the wound before dusting with iodoform; all three died from tetanus forty-eight, seventy-two and ninety-six hours after. Two rabbits inoculated with a piece from the wound after the death of the patient remained alive. In the second case a piece of iodoformized tissue and one from the tissues lying more deeply were used for inoculation of two rats, which however remained alive. A culture glass filled with agar which was inoculated with a piece of the wound-tissue remained sterile; another inoculated with a piece excised more deeply developed staphylococci. The Professor concludes from these and further experiments that where tetanus is already developed iodoform is not able to prevent its further course but may neutralize the virus on the surface of the wound. —*La Riforma medica di Napoli*, 1890, Jan. 11-13.

V. On Carbolic Acid Injections in Tetanus. By BACCELLI (Roine). Baccelli used subcutaneous injections of carbolic acid and indeed 1 cg. every hour. In 1887 he cured a grave case and now he has another such a one under treatment, where the injections have produced such an improvement that recovery is beyond a doubt. A similar favorable result is communicated in No. 18 of the *Riforma medica*, 1887.—*Riforma medica*, Jan. 25, 1890.

VI. Tuberculosis of the Skin, Probably due to Vaccination. By K. G. SENNANDER. The patient, a student of philosophy, 35 years old, presented tuberculosis of the skin of the right upper arm. The lesion had developed after the first vaccination, and later

extended over a large part of the upper arm. After repeated curetting and cauterizing the place healed over finally after skin grafting by Thiersch's method — *Upsala Läkareförenings Föerhandlingar*, Bd. XXV. Hft. 1 and 2.

F. H. PRITCHARD (Boston).

VII. Pirogovian Therapeutics. By PROFESSOR NIKOLAI F. ZDEKAUER (St. Petersburg, Russia). Professor Zdekauer gives a highly interesting review of some remedies which have been systematically used by his intimate friend, the great Russian surgeon, Nikolai Ivanovitch Pirogoff.

1. *Camphor* was his favorite remedy for erysipelas. According to his enormous experience, it is indicated in, *a*, cases characterized by typhoid state with pallor and prostration; and *b*, in erethic state with facial congestion and tumor, dry tongue, quickened pulse, burning heat flashing over dry skin, heaviness about the head and mental confusion. The remedy was given internally, 2 grains every 2 hours, until the appearance of a mild peculiar "camphor delirium." In typhoid cases hot infusion ("tea") of valerian was simultaneously administered; in erysipelas of the head the first doses of camphor were combined each with $\frac{1}{2}$ grain of calomel.

2. *Sulphate of quinine* was employed (in moderate doses) in habitually recurring erysipelas, as well as in severe malarial fever (20 grains 2 times a day, always during the stage of sweats).

3. *Tincture of iodine*, in the shape of injections, was resorted to in all cases of dropsies of serous and synovial cavities. Internally, in conjunction with restricted diet, it was given pregnant women with narrow pelvis in order to retard the foetus growth and eo ipso to make parturition easier.

4. *Nitrate of silver* (ointment) proved very useful in cases of chronic induration of glands; and in the first stage of *tumor albus*.

5. *Ergotine* was successfully administered by him (since 1850), both internally and externally, in cases of parenchymatous hæmorrhage.

6. *Neutral acetate of lead* (finest powder, locally) gave best results in granular conjunctivitis.